

(d) The Government has requested all States/Union Territories to take necessary steps to ensure that the rules as stipulated in the Bio-Medical Waste (Management & Handling) Rules, 1998 are implemented in letter and spirit and to set up an inspection procedure to ensure that disposable items are segregated and treated properly before disposal so that the same are rendered unusable. Prevention of Tetanus Deaths

2221. SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item "Tetanus deaths on the rise" published in the Statesman dated 13th July, 2000;

(b) if so, Government's reaction thereto; and

(c) whether Government have any plan to combat this deadly but preventable disease and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) No such news item appeared in the Statesman dated 13 July, 2000 of New Delhi and Calcutta editions. However, there is a news item captioned "Tetanus deaths on the rise" in the Statesman dated 14th July, 2000, New Delhi edition.

Ib) and (c) As reported by Central Bureau of Health Intelligence, there is significant decline in the number of total tetanus cases and neonatal tetanus cases over the years. Total tetanus cases have declined from 36192 in 1998 to 3588 in 1999 and neonatal tetanus cases from 11849 in 1998 to 1767 in 1999. In order to improve coverage under routine immunization programme, Government is undertaking measures to revamp the Universal Immunization Programme in next 2-3 years by strengthening outreach services, cold chain training, implementation and monitoring.

#### **Infant Mortality**

† 2222. SHRI KRIPAL PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the child mortality rate in the country is very high;

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† Original notice of the Question was received in Hindi.

- (b) if so, the State-wise details thereof;
- (c) the reasons for high child mortality rate;
- (d) the percentage of child mortality rate in our country, in comparison to other countries; and
- (e) what concrete steps Government have taken to arrest the increasing rate of child mortality?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) to (e) As per the estimates of the Sample Registration System the death rate for children in the country in the age group 0—4 years was 23.9 per 1000 children of the same age group, during 1996. The estimated death rates for children in the age group 0—4 years in respect of the major States for the year 1996 are given in the annexed Statement-I (*See below*).

For international comparison of mortality in children, the UNICEF publication, the Progress of Nations-2000 has made available the Under 5 Mortality Rate for the year 1998. The Under 5 Mortality Rate is the number of deaths in the children under 5 years per 1000 live births in a given year. As per the UNICEF publication, the Under 5 Mortality Rate for India in 1998 was 105 per 1000 live births. The Under 5 Mortality Rates in respect of some neighbouring countries are given in Statement-II (*See below*).

The measures to check child mortality include provision of immunization against six vaccine preventable diseases, facilities for essential newborn care and appropriate management of cases of acute respiratory infections and diarrhoeal diseases and promotion of exclusive breastfeeding and appropriate complementary feeding practices. These interventions are implemented in all States/Union Territories under the Reproductive and Child Health programme.

A UNICEF supported project called the Border District Cluster Strategy has been launched in 47 districts of 16 States to introduce local specific strategies to reduce the infant mortality rate to half of existing levels within the next 2-3 years. Additional inputs are being

provided to improve accessibility to Reproductive and Child Health Services in the under served districts of Assam, Bihar, Madhya Pradesh, Rajasthan, Gujarat, West Bengal, Orissa and Uttar Pradesh.

### **Statement-I**

*Estimated Death Rates for Children aged 0-4 years India and Bigger States, 1996*

<b>India*</b>	<b>23.9</b>
Andhra Pradesh	17.8
Assam	24
Bihar	27.9
Gujarat	20.4
Haryana	23.4
Himachal Pradesh	17.6
Karnataka	16.6
Kerala	3.8
Madhya Pradesh	33.5
Maharashtra	13.1
Orissa	30.6
Punjab	15.2
Rajasthan	31.4
Tamil Nadu	12.6
Uttar Pradesh	31.4
West Bengal	18.1

\*Excludes Jammu and Kashmir Source:  
Sample Registration System

### **Statement-II**

*Under 5 Mortality Rate (1998) India and selected neighbouring countries*

Country	Under 5 Mortality Rate-1998
Bangladesh	106
Bhutan	116

Country	Under 5 Mortality Rate-1998
China	47
India	105
Myanmar	113
Nepal	100
Pakistan	136
Sri Lanka	19

Source: The Progress of Nations-2000.

#### **Supply of Cheaper Iodised Salt in Rural areas**

2223. PROF. M. SANKARALINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that in rural India, people are still using non-iodised salt because they cannot afford iodised salt because of its high price; if so, whether Government have taken any steps to supply iodised salt at a cheaper price in rural areas; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) and (b) The cost of loose iodised salt is marginally higher than the cost of non-iodised salt. Government has impressed upon the State Governments to distribute iodised salt through Fair Price Shop (FPS) under Public Distribution System (PDS) so that it could be made available to the public at cheaper price. 21 States have already included iodised salt under the PDS for its supply to the selected territories.

#### **Spread of Malaria in Orissa**

2224. SHRI ANANTA SETHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the increasing incidents of Malaria in western Orissa;

(b) whether a large number of people, most of whom have died due to malaria in eight districts of Orissa, are tribals; and